

# GENERAL FACT SHEET

11-128

BILL NUMBER

## BRIEF TITLE

Environmental Public Health  
Onsite Wastewater Treatment  
System Permit Fee Increases

## APPROVAL DEADLINE

\_\_\_\_\_  
\_\_\_\_\_

## REASON

To provide adequate revenue to meet budget and  
and provide required services.

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>Increase fees specified in: - LMC 24.38 Onsite Wastewater Treatment Systems</p>	Sponsor	Health Department
	Program Departments, or Groups Affected	All automated departments Various Programs Regulated industry, businesses and entities
	Applicants/ Proponents	Applicant  Health Department  City Department  Health  Other Board of Health
<p><b>Discussion (Including Relationship to other Council Actions)</b> To meet the Health Department's budget, incremental fee increases are proposed which address operational costs. These fee increases will assure the Health Department meets revenue requirements for the budget. This revenue will allow the Department to provide required services to business, industry, and homeowners, and to protect human health and our environment.</p>	Opponents	Groups or Individuals  None specifically identified  Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY: Board of Health <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES   	
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<u>Fee increases are necessary to maintain regulatory program functions mandated by Lincoln Municipal Code.</u>  	
	<b>FINANCES</b>		
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:	\$ 0
		COST of this Ordinance/ Resolution	\$ 0
		RELATED annual operating Costs	\$ 0
	INCREASE REVENUE EXPECTED/YEAR	\$1,700	
<b>SOURCE OF FUNDS</b>	CITY [Approximately]		
	\$ _____	% _____	
	\$ _____	% _____	
	\$ _____	% _____	
	NON CITY [Approximately]		
	Fees \$ 1,700	% 100	
	\$ _____	% _____	
	\$ _____	% _____	
<b>BENEFIT COST</b>			
<input type="checkbox"/> Front Foot	Average Assessment		
<input type="checkbox"/> Square Foot	\$ _____	\$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Scott E. Holmes, Environmental Public Health Division Manager

REVIEW BY:

REFERENCE NUMBER